

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8						
9						
10						
11						
12		1				
13						
14		1				
15						
16		1				
17						
18		1				
19		1				
20						
21	10					
22	10					
23	10					
24	20					
25	20					
26	20					
27	20					
28	20					
29	20					
30	20					
31	20					
32	20					
33	20					
34	1					
35	1					
36	1					
37	1					
38	1					
39						
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						